

Medical Authorization Form

IMPORTANT:

When placing your new order, please submit the following documents:

- This completed **neffyinSchools®** Medical Authorization Form
- Copy of signed State License for the named practitioner
- Please submit this Medical Authorization Form with your application on SH Connect

(Please print)

Company/School Name: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____ Fax: _____

This Certificate of Authority is executed on behalf of the above named Company/School which is authorized to purchase the Medical Device(s) and/or prescription drug(s) (listed below) from School Health Corporation.

Prescription Pharmaceutical being ordered:

neffy® Epinephrine Nasal Spray, 2MG/0.1ML, 2/pkg OR neffy® Epinephrine Nasal Spray, 1MG/0.1ML, 2/pkg

This is to certify that all such drugs will be prescribed, dispensed or administered under the supervision of a practitioner licensed by law to prescribe, dispense and/or administer such drugs.

Physician/Licensed Practitioner Name: _____

DEA Registration Number: _____ State License Number: _____

Physician's Signature: _____ Date: _____